TREATMENT DATA SYSTEM **TDS**

TDS URL - http://thor.ddp.state.me.us/osa/plsql/tdsdev.main_menu_2.show

DISCHARGE FORM D-1 (REVISED 9/03)

A. DATE OF BIRTH (MO. / DAY / YEAR) — CLIENT CODE

B. LAST FOUR SS #

C. GENDER (Check ONE box only)
- 01 MALE
- 02 FEMALE

D. COUNTY OF RESIDENCE

AGENCY NAME / LOCATION

E. FEDERAL IDENTIFIER CODE

F. CONTRACT NUMBER (Funded Agencies ONLY)

G. PRIMARY SERVICE CODE — LIST G ON BACK

H. CURRENT ADMISSION DATE (MO. / DAY / YEAR)

I. LAST FACE TO FACE CONTACT (MO. / DAY / YEAR)

1. EMPLOYMENT STATUS (Check ONE box only)
- 01 FULL TIME (35 HOURS OR MORE)
- 02 PART-TIME (17 - 34 HOURS)
- 03 IRREGULAR (LESS THAN 17 HOURS)
- 04 UNEMPLOYED (HAS SOUGHT WORK)
- 05 UNEMPLOYED (HAS NOT SOUGHT WORK)
- 06 NOT IN LABOR FORCE
- 07 FULL TIME VOLUNTEER
- 08 PART-TIME VOLUNTEER
- 09 IRREGULAR VOLUNTEER

2. EMPLOYABILITY FACTOR (Check ONE box only)
- 01 EMPLOYABLE OR WORKING NOW
- 02 STUDENT
- 03 HOMEMAKER
- 04 RETIRED
- 05 UNABLE - PHYS/PSYCHO REASONS
- 06 INMATE OF INSTITUTION
- 07 SEASONAL WORKER
- 08 TEMPORARY LAYOFF
- 09 UNABLE - SKILLS/RESOURCES
- 10 UNABLE - PROGRAM REQUIREMENTS

3. IF THE CLIENT HAS LEGAL CUSTODY OF HIS/HER CHILDREN, WHERE WERE THE CHILDREN WHILE THE CLIENT IS IN TREATMENT?

IF NO DEPENDENTS GO TO #4

(Check ONE box only)
- 01 WITH CLIENT
- 02 SPOUSE/OTHER PARENT
- 03 GRANDPARENTS/RELATIVES
- 04 FRIEND(S)
- 05 BABYSITTER/CAREGIVER
- 06 TEMPORARY FOSTER CARE
- 99 OTHER

4. MH/MR ISSUES DIAGNOSIS BASED ON DSM-IV

(Check ONE box only)
- 01 DIAGNOSED MENTAL ILLNESS/ DISORDER
- 02 MENTAL RETARDATION
- 00 NONE

5. HOW MANY PSYCHIATRIC ADMISSIONS TO A HOSPITAL DID THE CLIENT HAVE DURING TREATMENT?

IF CLIENT AFFECTED/CO-DEPENDENT, GO TO QUESTION # 14

6 - 9. DRUGS LISTED ON ADMISSION FORM
- 6 PRIMARY
- 7 SECONDARY
- 8 TERTIARY
- 9 TOBACCO (Check ONE box only)
  - 01 YES
  - 02 NO

10 - 13. FREQUENCY OF USE OF DRUGS BY CLIENT (IN LAST 30 DAYS)
- 10 PRIMARY
- 11 SECONDARY
- 12 TERTIARY
- 13 TOBACCO

14. ASSISTANCE RECEIVED DURING TREATMENT (Check YES or NO for each selection)

YES	NO		
01	02	A	MEDICAL CARE
01	02	B	PRESCRIPTION MEDICATIONS
01	02	C	ACUPUNCTURE
01	02	D	ADVERSIVE THERAPY
01	02	E	CLIENT URINE TESTING
01	02	F	HIV RISK REDUCTION/ED
01	02	G	CHILD CARE
01	02	H	TRANSPORTATION TO TREATMENT
01	02	I	EMPLOYMENT/COUNSELING
01	02	J	CRISIS INTERVENTION
01	02	K	HOUSING ASSISTANCE
01	02	L	DRUG AND ALCOHOL EDUCATION
01	02	M	FINANCIAL COUNSELING
01	02	N	ACADEMIC SERVIC ES
01	02	O	VOCATIONAL SERVICES
01	02	P	LEGAL SERVICES
01	02	Q	TUBERCULOSIS SERVICES
01	02	R	PRENATAL CARE
01	02	S	CHILD/COUNSELING/SERVICES
01	02	T	SMOKING CESSATION SERVICES
01	02	U	MENTAL HEALTH SERVICES
01	02	Z	OTHER

15. PARTICIPATED IN SCHOOL OR TRAINING WHILE IN TREATMENT

(Check ONE box only)
- 01 YES
- 02 NO

16. IS CLIENT CURRENTLY ATTENDING A SELF-HELP GROUP?

(Check ONE box only)
- 01 YES
- 02 NO

17. DID YOU RECOMMEND A SELF-HELP GROUP?

(Check ONE box only)
- 01 YES
- 02 NO

18. "DELIBERATE" REFERRAL TO SUBSTANCE ABUSE SERVICES

(Check ONE box only)
- 00 NONE
- 01 DETOXIFICATION
- 02 DIAGNOSIS & EVALUATION
- 03 IN-HOME FAMILY SUPPORT
- 04 EXTENDED CARE
- 05 EXTENDED SHELTER
- 06 SHELTER
- 07 OUTPATIENT COUNSELING (GENERAL)
- 08 INTENSIVE OUTPATIENT
- 09 RES. REHAB. (SHORT TERM)
- 10 HALF AND QUARTERWAY HOUSE
- 11 ADOLESCENT RES. REHAB. TRANSITIONAL
- 12 SUBSTANCE ABUSE PROFESSIONAL
- 13 CONSUMER RUN RESIDENCE
- 99 OTHER

19. IF REFERRED -- REFERRED AGENCY CODE

SEE APPENDIX

20. "DELIBERATE" REFERRAL TO OTHER THAN SUBSTANCE ABUSE TREATMENT

(Check YES or NO for each selection)

YES	NO		
01	02	A	MENTAL HEALTH PROVIDER
01	02	B	OTHER HEALTH CARE PROVIDER
01	02	C	VOC. REHAB/JOB REPLACEMENT
01	02	D	HIV ANTIBODY COUNSELING AND TESTING
01	02	E	SCHOOL COUNSELOR
01	02	Z	OTHER

21. ARRESTS

NUMBER OF ARRESTS DURING TREATMENT

22. OUI ARRESTS

NUMBER OF OUI ARRESTS DURING TREATMENT

23. HAS THE DEGREE OF PRESENTING PHYSICAL OR PSYCHOLOGICAL DEPENDENCE ON THE ALCOHOL AND/OR OTHER DRUG SUBSTANCE(S) IMPROVED AT DISCHARGE BASED ON DOCUMENTATION IN THE CLIENT'S RECORD?

(Check ONE box only)
- 01 YES
- 02 NO
- 99 AFFECTED OTHER

24. GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCALE

ENTER THE APPROPRIATE LEVEL OF FUNCTIONING BASED ON THE GAF SCALE

25. STATUS AT DISCHARGE

IF ANSWERED 30, (BETWEEN 06 AND 07), GO TO THE NEXT QUESTION, OTHERWISE SKIP TO QUESTION 27

26. IF THE CLIENT LEFT DUE TO LACK OF CHILDCARE, WHAT WAS THE REASON?

(Check ONE box only)
- 01 ACCESSIBILITY
- 02 MONEY/COST
- 03 LENGTH OF STAY/TREATMENT
- 99 OTHER

27. PRIMARY EXPECTED SOURCE OF PAYMENT

28. SECONDARY EXPECTED SOURCE OF PAYMENT (IF DIFFERENT FROM PRIMARY SOURCE)

29. TERTIARY EXPECTED SOURCE OF PAYMENT (IF DIFFERENT THAN PRIMARY OR SECONDARY SOURCE)

30. TOTAL NUMBER OF UNITS AND COST PER UNIT (LIST ON BACK OF FORM)

CODE	UNITS	COST PER UNIT

DATE FORM COMPLETED (MO. / DAY / YEAR)

FORM COMPLETED BY (LAST NAME / FIRST)

FORM EDITED BY (LAST NAME / FIRST)

D. COUNTY CODES

AN	Androscoggin	PT	Penobscot
AK	Aroostook	PS	Piscataquis
CD	Cumberland	SC	Sagadahoc
FN	Franklin	ST	Somerset
HK	Hancock	WO	Waldo
KC	Kennebec	WN	Washington
KX	Knox	YK	York
LN	Lincoln	OS	Out-of-State
OD	Oxford	OC	Out-of-Country

G. PRIMARY SERVICE CODES

SUBSTANCE ABUSE / AFFECTED CLIENTS

REHABILITATION/RESIDENTIAL
- 03 Hospital (Other than Detoxification)
- 04 Short Term (30 Days or Less)
- 05 Extended Care
- 06 Halfway House
- 07 Extended Shelter
- 15 Adolescent Res. Rehab. Transitional
- 44 Consumer Run Residence

AMBULATORY
- 08 Non-Intensive Outpatient
- 11 Intensive Outpatient
- 12 Detoxification
- 13 Evaluation
- 18 Adolescent Outpatient
- 38 Adolescent Intensive Outpatient
- 40 Opioid Replacement Therapy

CLIENTS WITH COEXISTING MENTAL ILLNESS

REHABILITATION/RESIDENTIAL
- 23 Hospital (Other than Detoxification)
- 24 Short Term (30 Days or Less)
- 25 Extended Care
- 26 Halfway House
- 27 Extended Shelter
- 28 Adolescent Res. Rehab. Transitional
- 45 Consumer Run Residence

AMBULATORY
- 29 Non-Intensive Outpatient
- 32 Intensive Outpatient
- 33 Detoxification
- 34 Evaluation
- 35 Adolescent Outpatient
- 39 Adolescent Intensive Outpatient
- 46 Opioid Replacement Therapy

6 - 8. SUBSTANCE CODES

- 0000 None

Alcohol
- 0100 Alcohol

Marijuana
- 0200 Marijuana

Cocaine/Crack
- 0301 Cocaine
- 0302 Crack

Heroin/Morphine
- 0400 Heroin/Morphine

Methadone
- 0500 Methadone

Other Opiates and Synthetics
- 0601 Codeine
- 0602 D-Propoxyphene
- 0603 Oxycodone (Percodan)
- 0604 Oxycontin
- 0605 Meperidine HCL
- 0606 Hydromorphone
- 0607 Other Narcotic Analgesics
- 0608 Pentazocine

PCP
- 0700 PCP or PCP Combination

Other Hallucinogens
- 0801 LSD
- 0802 Other Hallucinogens

Methamphetamine/Speed
- 0900 Methamphetamine/Speed

Other Amphetamines
- 1001 Amphetamine
- 1002 Methylphenidate (Ritalin)
- 1003 Methylenedioxymethamphetamine (MDMA, Ecstasy)
- 1100 Other Stimulants

Benzodiazepines
- 1201 Alprazolam (Xanax)
- 1202 Chlordiazepoxide (Librium)
- 1203 Clorazepate (Tranzene)
- 1204 Diazepam (Valium)
- 1205 Flurazepam (Dalmane)
- 1206 Lorazepam (Ativan)
- 1207 Triazolam (Halcoin)
- 1208 Other Benzodiazepine

Other Tranquilizers
- 1301 Meprobamate (Miltown)
- 1302 Other Tranquilizers

Barbiturates
- 1401 Phenobarbital
- 1402 Secobarbital/Amobarbital (Tuinal)
- 1403 Secobarbital (Seconal)

Other Sedative and Hypnotics
- 1501 Ethchlorvynol (Placidyl)
- 1502 Glutethimide (Doriden)
- 1503 Methaqualone
- 1504 Other Non-Barbiturate Sedatives
- 1505 Other Sedatives
- 1506 Flunitrazepam (Rohypnol)
- 1507 GHB/GBL
- 1508 Ketamine (Special K)
- 1509 Clonazepam (Klonopin, Rivotril)

Inhalants
- 1601 Aerosols
- 1602 Nitrites
- 1603 Other Inhalants
- 1604 Solvents
- 1605 Anesthetics

Over the Counter
- 1700 Over the Counter - General
- 1701 Diphenbydramine (Benadryl)

Other
- 1801 Diphenylhydantoin Sodium (Phenytoin, Dilantin)
- 1802 Other Drugs

10 - 12. FREQUENCY OF USE

- 00 None (Cannot be used on #10)
- 02 No Use Past Month
- 03 Once in Last 30 Days
- 04 2 - 3 Days Per Month
- 05 Once Per Week
- 06 2 - 3 Days Per Week
- 07 4 - 6 Days Per Week
- 08 Daily

13. TOBACCO PRODUCTS ONLY

(FOR USE WITH #13 ONLY)

- 00 None
- 09 Not Currently Smoking (Discharge Only)
- 10 About 1/2 Pack/Can/Pouch a Day or Less
- 11 About 1 Pack/Can/Pouch a Day
- 12 About 1 1/2 Pack/Can/Pouch a Day
- 13 About 2 Packs/Cans/Pouches A Day
- 14 More Than 2 Packs/Cans/Pouches a Day

25. STATUS AT DISCHARGE

- 01 Client Termination Without Clinic Agreement (i.e. Client Leaves Without Explanation)
- 02 Treatment is Complete
- 03 Further Treatment is not Appropriate for Client at This Facility
- 04 Non-Compliance with Rules & Regulations
- 05 Client Refused Service/Treatment
- 06 Unable to Follow Program Requirements
- 30 Client Left Program Due to Lack of Child Care
- 07 Client Discharged for Medical and/or Psychological TX
- 08 Client Moved out of Catchment Area
- 09 Client Cannot Get to Facility for Further Service/Treatment
- 10 Client Cannot Come for Service/Treatment During Facility Hours
- 11 Client Incarcerated
- 12 Client Deceased
- 13 Parents/Legal Guardian Withdrew Client
- 14 Termination Due to Program Cut/Reduction
- 15 Treatment Completed for Affected Other/ Co-Dependent
- 16 Treatment Not Completed for Affected Other/ Co-Dependent
- 17 Evaluation Only

27 - 29. EXPECTED SOURCES OF PAYMENT

- 00 None (Cannot be used on #27 Primary)
- 01 OSA
- 02 Human Services - (Other than Child, Adult Protective)
- 03 Corrections
- 04 Human Services - (Child, Adult Protective)
- 05 Self-Pay
- 06 MaineCare (Medicaid)
- 07 Medicare
- 08 Blue Cross / Blue Shield
- 09 Health Maintenance Organization (HMO)
- 10 Other Private Health Insurance
- 11 Town Assistance
- 12 Workers' Compensation
- 13 Veteran's Administration
- 14 Other

30. UNITS OF SERVICE CODES

REHABILITATION/RESIDENTIAL
- 03 Hospital (Other than Detoxification)
- 04 Short-Term Res/Rehab
- 05 Extended Care
- 06 Halfway House
- 07 Extended Shelter
- 11 Consumer Run Residence
- 21 Res. Rehab. Adolescent Transitional

AMBULATORY
- 08 Individual
- 09 Family
- 10 Group
- 13 Intensive Outpatient
- 15 Evaluation
- 16 Opioid Replacement Therapy
- 35 Adolescent Outpatient
- 39 Adolescent Intensive Outpatient